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ABSTRACT

DARE is a preventive drug education program intended to combat drug use by students before it commences. The elementary school program is the core curriculum of DARE. It is designed to help those enrolled to develop skills that will allow them to resist the pressures to use substances such as illegal drugs, alcohol and tobacco. Students are taught about their rights; the right to say "no" to drugs is a central theme in the curriculum. Training focuses on the consequences, both favorable and unfavorable, of one's decision making. As with this evaluation, most of the research to date on the program has focused on the relative effectiveness of DARE in reducing drug use by students. The following research question is addressed: Do drug prevention education programs reduce the level of drug use by students significantly? Public and parochial students in the city of Fort Wayne, Indiana, are utilized in order to test the question empirically. The survey examined student drug use as well as the attitudes they hold about substance use. Student satisfaction with the DARE program was extremely high: 83.6 percent rated it as excellent or good, and only 5 percent felt it was poor or terrible. Three appendices consist of the survey instrument and the survey results (pooled analysis and by school system) respectively. Contains 37 references. (Author/BF)

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An Assessment of the Drug Abuse Resistance Education (D.A.R.E.) Program in Fort Wayne, Indiana

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Overview

Drug Abuse Resistance Education (D.A.R.E.) is a preventative drug education program intended to combat drug use by students before it commences. It is a nationally recognized program that began in 1983 as a collaboration between members of the Los Angeles Unified School District and the Los Angeles Police Department (Dukes, 1990:3). It is estimated that DARE reaches five million students annually, primarily in the students' last year of elementary school (Hansen, 1993:1).

The elementary school program is the core curriculum of DARE. It is typically offered to students in the last year of elementary school (fifth or sixth grade), depending upon the structure of the school district, i.e., whether middle schools or traditional junior high schools are utilized. It is designed to help those enrolled to develop skills that will allow them to resist the pressures to use substances such as illegal drugs, alcohol, and tobacco. The specific goals of the DARE curriculum are:

1. to build a positive self concept in the student,
2. to assist students in resisting peer pressure,
3. to decrease the perceived social acceptance of the use of alcohol and other harmful drugs,
4. to provide accurate information about the effects of alcohol and other drugs, and
5. to help students develop decision making skills (Dukes, 1990: 3).

DARE students are taught about their rights; the right to say "no" to drugs is a central theme in the curriculum. Student

training focuses on the consequences, both favorable and unfavorable, of one's decision making. Most of the research to date on the program has focused on the relative effectiveness of DARE at reducing drug use by students. This is the focus of this evaluation as well, and the following research question will be addressed:

> Do drug prevention education programs reduce the level of drug use by students significantly?

Obviously, the drug prevention education program in question here is Drug Abuse Resistance Education. Public and parochial students in the city of Fort Wayne, Indiana, are utilized in order to test the question empirically.

DARE and its Effectiveness: The Literature to Date[1]

In the literature to date, the results of evaluations concerning the relative effectiveness of drug prevention education programs like DARE have been of a mixed nature. Tobler (1986:538) summarizes this point by grouping the surveys of drug prevention programs into four categories:

1. drug prevention programs have little or no effect on drug use,
2. drug prevention programs which present only facts or use scare tactics have a negative effect on drug use,
3. drug prevention programs render mixed results on drug use depending on the outcome measure, and
4. drug prevention programs have a positive effect on drug use.

The following will serve as a summary of evaluations related to

Project DARE and other drug prevention education programs.

DeJong (1987) conducted a short-term evaluation of Project DARE on the knowledge, attitudes, and self-reported behavior of seventh-graders in the Los Angeles (California) Unified School District who received a full semester of DARE training during sixth grade. Compared to a control group, students who had DARE training reported significantly lower use of alcohol, cigarettes, and other drugs. The findings were especially strong for boys. DARE students also utilized more refusal strategies that removed them from the immediate temptation of drugs and alcohol. Since this was a short-term evaluation, the need for a significant longitudinal evaluation of DARE is needed to assess its impact on students once they reach senior high school.

Aniskiewicz and Wysong (1987) evaluated the DARE program in the Kokomo (Indiana) schools. Similar to many other situations (including Fort Wayne), the DARE program in Kokomo was implemented before the evaluators were able to administer a pretest. As a result, the posttest observations were compared to a pretest administered in Los Angeles. Although the researchers determined that DARE was able to achieve many of its initial objectives, the findings are tenuous as they are the product of a comparison with a different student body altogether.

Faine and Bohlander (1988) utilized an experimental and control group to assess the impact of DARE on fourth and fifth graders in four Kentucky counties (Boyd, Daviess, Scott, and Rowan). A total of 783 elementary students in selected schools participated in the survey (451 students in the experimental group, and 332 students in the control group). Unlike the Kokomo

study, a pretest and posttest was administered to the students. The researchers made many positive conclusions regarding DARE in their analysis (children in the DARE program demonstrated significantly higher improvement in self-esteem; DARE students demonstrated a significant increase in their understanding of drugs and alcohol; DARE students demonstrated an increase in their ability to resist peer influences; DARE students demonstrated positive increases in attitudes toward law enforcement; and DARE students demonstrated a significant decrease in positive attitudes toward drugs and alcohol). Their findings, however, are based on short-term observations. For both the experimental and control groups, the survey was administered initially before the DARE officers began instruction (early September, 1987, or early January, 1988) and readministered after the completion of the curriculum (early January, 1988, or late May, 1988). A more longitudinal study would increase the validity of the findings.

A report issued by the Hawaii State Department of Education (1989) proclaimed that no statistically significant differences could be made between fifth grade students who participated in the DARE program in 1985-86, and those who did not. A follow-up evaluation was conducted of public school seventh graders (N=1,448) enrolled in six intermediate schools in Honolulu, Hawaii. (The follow-up survey was therefore administered two years after the initial DARE training). Their findings, however, could have been affected by several threats to internal validity that are problematic in most quasi-experimental designs (history,

maturation, and instrumentation).[2]

Dukes (1990) developed a survey of twenty-two Likert-type items to assess DARE's effectiveness in Colorado Springs (Colorado) School District 20. A pretest-posttest design with no control group was employed by the researcher. Of the fifteen items that pertained to drugs, ten showed a statistically significant difference between the pretest and the posttest, and in all the participants became more negative toward drugs. Of the seven items that pertained to self concept, personal skills, and attitudes toward police, six showed a statistically significant difference from pretest to posttest (participants demonstrated improved self concept, increased personal skills, and even more positive attitudes toward police). The survey included over 600 fifth graders in twenty-eight elementary school classes. Once again, a more longitudinal study will lend greater credence to findings such as those offered by Dukes.

Another drug prevention program, Project ALERT, was evaluated in a study by Ellickson and Bell (1990). This program aims to help students develop reasons not to use drugs, identify pressures to use them, understand that most people do not use drugs, and recognize the benefits of abstinence. The curriculum consists of eight lessons in seventh grade, and three lessons in eighth grade (Ellickson and Bell, 1990:1300). Their study of urban, suburban, and rural communities in California and Oregon, assessed the impact of Project ALERT at three, twelve, and fifteen month intervals after implementation of the program between 1984 and 1986. A pretest was also administered. Their results were relatively mixed: ALERT had positive results for

both low and high risk students, and was successful in schools with high and low minority enrollment. The program did not, however, help previously confirmed smokers and its effects on adolescent drinking were short-lived.

Aniskiewicz and Wysong (1990) presented an alternative paradigm for evaluating DARE. Their evaluation framework included both impact and process evaluation procedures to assess DARE's effectiveness in many different ways. In terms of DARE's relative impact on drug, alcohol, and tobacco use, similar to their earlier study, Aniskiewicz and Wysong utilized survey results obtained from the Kokomo-Center Township School Corporation and the Los Angeles Unified School District. The authors employed a D scale (pooled results from a nineteen item questionnaire). They presented the following results:

Table 1
D Scale of Appropriate Responses
(Fifth Grade)

	Pre-DARE	Post-DARE
Los Angeles	57%	93%
Kokomo	80%	90%

Source: Aniskiewicz and Wysong (1990:734).

As the figures indicate, the pre-DARE values were quite different. The overall mean percentage of appropriate (i.e., anti-drug) responses in Los Angeles was fifty-seven percent, and eighty percent in Kokomo. Only a three percent difference, however, existed in the post-DARE survey. These results are significant at the .001 level, and suggest that even if DARE is

presented in different communities, it will still produce similar (and positive) results. The authors note that since the program had only been in existence for three and six years in Kokomo and Los Angeles, respectively, "...the longitudinal studies that are necessary to measure its impact on future drug-related behavior remain to be conducted" (1990:741).

Twenty North Carolina schools, in two school districts covering fifth and sixth grade, comprised the sample employed by Ringwalt, Ennett, and Holt (1991). Ten schools received the DARE treatment (N=685), and the other ten did not (N=585). Both the experimental and control groups were pretested and posttested. As is true with many other DARE evaluations (including this one), multiple outcome measures were created. Primary dependent (Y) variables include self-reported alcohol, tobacco, and inhalant use, students' intentions to use these substances, as well as several attitudinal and demographic variables. Their analysis demonstrated that DARE had no effect on alcohol, cigarette, or inhalant use by students, or their intentions to use these substances in the future. The DARE program did, however, have a significant effect on student attitudes toward drug usage. The researchers were not able to explain why none of the attitudinal variables was correlated with any of the items relating to drug use. They reiterated a common theme in the DARE literature--the need for more longitudinal studies to determine DARE's effect from elementary to middle (or junior high) to senior high school.

Clayton, Cattarello, Day, and Walden (1991) conducted a pretest and posttest of the short term effects of the DARE curriculum on sixth graders. Thirty-one schools were selected in

Lexington, Kentucky (twenty-three schools received DARE and eight did not). These researchers obtained mixed results: "Some significant differences in gain scores in the predicted direction emerged for the attitudes, but not for the self-reported drug use. Therefore, there is some evidence of effectiveness for the curriculum, but it is neither uniform nor large" (Clayton, Cattarello, Day, and Walden, 1991:312).

A series of more longitudinal studies surfaced in 1993 and 1994 (e.g., Ellickson, Bell, and McGuigan, 1993; Elder et al., 1993; Wysong, Aniskiewicz, and Wright, 1994; Ennett et al., 1994; and Rosenbaum et al., 1994). Ellickson, Bell, and McGuigan's (1993) examination of Project ALERT's impact on drug use after students were introduced to the treatment was quite illuminating (recall that ALERT is targeted specifically at seventh and eighth graders). According to the authors, once the lessons stopped, the program's impact on drug use ceased as well. Although the program's effect on cognitive risk factors persisted for a longer period of time (many through the tenth grade), it did not result in corresponding reductions in substance use. The researchers sampled thirty schools in eight diverse West Coast communities, and schools were randomly assigned to treatment and control conditions.

Elder et al.'s (1993) analysis of SHOUT (Students Helping Others Understand Tobacco), a program designed to curb tobacco use by junior high school students, included a pretest and posttest for eleven junior high schools in San Diego County (California) and eleven junior high schools used as a control

group. At the end of the third year of the program, the prevalence of tobacco use within the last month was 14.2 percent for intervention students, and 22.5 percent among students in the control group. According to the evaluators, "[i]ntervention results for SHOUT were fairly compelling, especially for cigarette smoking. The low prevalence of smokeless tobacco use made it difficult to detect significance for the prevention of this habit. Although the project was originally designed to target smokeless tobacco use, the prevalence rates for smokeless tobacco use in San Diego, even in rural areas, are not comparable to those reported nationally" (Elder et al., 1993:5).

Wysong, Aniskiewicz, and Wright (1994) examined the long term effects of the DARE program on high school seniors exposed to DARE as seventh graders (N=288) and compared the results with non-exposed seniors (N=335). Similar to their earlier works, the study was conducted in Kokomo (Kokomo High School). No significant differences in drug use behaviors or attitudes were found between the two groups. These findings were corroborated by Ennett et al. (1994) in a longitudinal evaluation of DARE in thirty-six schools in Illinois. DARE resulted in a minimal impact immediately following the intervention, and no significant difference in drug use occurred one or two years after receiving the training. The research team also determined that DARE had only a limited positive effect on psychological variables (i.e., self-esteem) and no effect on social variables (e.g., peer resistance skills).

Rosenbaum et al. (1994) conducted a longitudinal randomized experiment of 1,584 students in Illinois to estimate the effects

of DARE on their attitudes, beliefs, and drug use behaviors in the year following exposure to the program. Their results were similar to those put forth by Wysong, Aniskiewicz, and Wright (1994) and Ennett et al. (1994). DARE had no statistically significant main effects on drug use behaviors and had few effects on attitudes or beliefs about drugs. They did discover, however, that significant interactions between DARE and other factors (e.g., metropolitan status) suggest that some program effects varied across different subgroups in the population. As has been true with all attempts at evaluating DARE's relative effectiveness, the investigators stressed the need for more comprehensive research on the program.

DARE in Fort Wayne, Indiana

DARE began as a pilot project in Fort Wayne in the 1987-88 academic year. It was first implemented in ten elementary schools in the Fort Wayne Community Schools (FWCS) system.[3] The program has grown considerably in the relatively short amount of time since the pilot program was initiated. It is now available in all the public and parochial elementary and senior high schools in the city (Fort Wayne Police Department, November 21, 1994). By many accounts, the program is immensely popular (student satisfaction will be assessed later in the evaluation), with murals on display at the Fort Wayne Police Academy on 1717 South Lafayette Street (The Journal-Gazette, August 31, 1993:1A) and a focal discussion about the program recently led by Democratic Governor Evan Bayh as the city became "capital" for a day (The Journal-Gazette, November 16, 1994: 1C, 4C). Bumper

stickers and other DARE paraphernalia are readily visible throughout Fort Wayne, a city of 173,072 according to the federal census in 1990.[4]

The Ideal Scenario

Under ideal circumstances, measuring the effectiveness of a drug prevention education program would include experimental and control groups, as well as several pretest and posttest measures. Since the DARE program was first piloted in ten elementary schools in Fort Wayne in 1987-88, and no comprehensive evaluation of the program has ever been conducted, the following would have rendered the optimum appraisal of its relative effectiveness:

Simple Interrupted Time-Series Analysis (SITS)

Experimental Group=Students with DARE training

Control Group=Students without DARE training

SITS is the most basic time-series design, and requires one experimental and multiple pretest and posttest observations before and after a single intervention treatment or intervention (DARE). Cook and Campbell (1979:209) diagram this design in the following fashion:[5]

O_1 O_2 O_3 O_4 O_5 X O_6 O_7 O_8 O_9 O_{10}

Ordinary Least Squares (OLS) regression would have tested the impact of DARE on drug and alcohol use by students (see Fife, 1992:123). The optimum regression equation is:

$SU = a + b_1(Time) + b_2(Intervention) + b_3(Time*Intervention) + e$

Where

SU=Reported substance use (alcohol, drugs, or tobacco) by Students

Time=Counter for years (1 to N)

Intervention=Dichotomous variable (0=before DARE training, 1=implementation of DARE training and after)

Time*Intervention=Interaction term between time and the intervention (0=before DARE training, 1,2,3.... =implementation of DARE training and after)

e=Error term.

The testable hypothesis is that students with DARE training will have a lower drug, alcohol, and tobacco utilization rate than students without it. A control group would be employed for comparative purposes (students without any DARE training whatsoever).

Yet since DARE was first introduced to students in Fort Wayne, a systematic analysis of the program's effectiveness has not been conducted until this evaluation. No pretest measures are available. Unfortunately, this is a frequent issue in evaluation research. Evaluators are often called in to assess a program's effect after the fact, when pretest measures in this case should have been taken in the early 1980s. Thus, the analysis presented is an attempt to make the best of the situation at hand. The relative effectiveness of DARE is ascertained within the framework of the constraints discussed.

The DARE Survey

In order to gauge DARE's impact in Fort Wayne, a survey was created with forty items (see Appendix 1). Besides general demographic questions (questions 1-3), six major categories were created based on the DARE literature:

1. Reported Substance Use Questions 4-18

2. Attitudes about Substance Use Questions 19-26
3. Self-Esteem Questions 27-29
4. Social Skills Questions 30-31
5. Attitudes toward Police Questions 32-33
6. Knowledge about Substances Questions 34-36

Questions 37-40 are related to the DARE program specifically. Note that question 13 (use of "pelkin") is a fictitious substance. It was included to determine the level of honesty used by the respondents in the survey. Initially, the survey was going to be administered to all students in the fifth, seventh, and twelfth grades. The hope was that question 39 would result in two discernible groups--students with and without DARE training in the past year. This goal was not accomplished, largely, because permission to administer the survey was granted for fifth grade only. Since the overwhelming majority of fifth graders in Fort Wayne had been introduced to the intervention within the past year, achieving a large enough experimental and control group was not possible. Instead, I had to rely on the results from the PRIDE survey for a measure of DARE's effectiveness in the middle and senior high schools.

Results of the DARE Survey

The results of the DARE Survey are available in Appendix 2 (for the pooled analysis) and in Appendix 3 (by the school system). Almost 2,500 fifth grade students from the public school system (Fort Wayne Community Schools) and the parochial schools (Catholic, Lutheran, and various independent Christian academies) participated in the survey.

Social Demographics

In reporting the cumulative findings, I will focus on the pooled analysis as it is obviously the most comprehensive. Over

three-quarters of the respondents were white (76.2 percent), while 17.1 percent were black, and Native Americans (2.7 percent), Asian Americans (1.1 percent), and Hispanic Americans (2.9 percent) made up the rest. The mean age was 10.9, and 51.3 percent were female.

Self-Reported Substance Use

A Likert-type scale was created to assess self-reported alcohol, drug, and tobacco use. Included in Table 2 is a summary of the percentage of students who reported either never using the substance, or those who have tried it only once in their lifetime:

Table 2
Percentage of Students Reporting "Never" or "Once" for Substance Use

Substance	Percentage
Smoking Tobacco	91.0%
Wine or wine coolers	93.8%
Beer	97.2%
Stimulants	97.4%
Inhalants	98.1%
Hard Liquors	98.4%
Steroids	99.0%
Chewing tobacco	99.3%
Marijuana	99.3%
Depressants	99.3%
Opiates	99.4%
Cocaine	99.4%
Hallucinogens	99.6%
*Pelkin	99.7%

Note: Pelkin is a fictitious substance.

For all substances, the overwhelming majority of fifth-graders reported never trying, or only trying the substance once in their lifetimes (all responses were >90 percent). The responses have a great deal of validity as the fictitious substance, pelkin, was

"never" tried or used "once" by 99.7 percent of all respondents (see DeJong, 1987).

Of all the substances, smoking tobacco is used most frequently by the fifth-graders (7.1 percent monthly and 1.6% weekly). This is cause for some concern, given the national controversy concerning the impact of advertising (e.g., "Joe Camel") on America's youth. The relative societal acceptance of drinking alcohol is also illuminated in this survey (36.8, 35.9, and 13.7 percent reported trying wine or wine coolers, beer, and hard liquor, respectively, once in their lifetimes). Since the mean age of the respondents is 10.9, or 11 for practical purposes, this rate is only destined to increase with age through high school. Overall, however, it is clear that the overwhelming majority of Fort Wayne youth at this level are substance-free in their daily lives.

Attitudes about Substance Use

Attitudes about substance use are very negative on the part of the respondents. Since an integral component of the DARE curriculum is designed to assist students in saying "no," these results are very promising. Included in Table 3 is a synopsis of the percentage of students either strongly disagreeing, or disagreeing, with the following:

Table 3
Percentage of Students who "Strongly Disagree" or "Disagree"

Proposition	Percentage
Drugs and alcohol make you more social	90.5%
Okay to smoke marijuana	93.9%
Okay to drink alcohol every weekend	86.4%
Okay to attend private party with alcohol	90.3%

Okay to try cocaine	93.3%
Okay for parents to drive home after drinking	82.9%
Okay to use alcohol or drugs at a party if others are doing so	94.6%
Drinking makes me more mature	90.3%

For all attitudinal questions, those strongly disagreeing or disagreeing are either in the eightieth or ninetieth percentile. Students are slightly less hostile to alcohol use (compared to drug use) in their attitudes, a finding that coincides with previous evaluations of DARE. A particularly strong finding is that 94.6 percent of the students strongly disagreed or disagreed that it was okay to use alcohol or drugs at a party if others were doing so.

Self-Esteem

Student responses to the self-esteem questions are fairly positive as well. Almost 80 percent (79.2) either agreed or strongly agreed that they felt good about themselves. Unfortunately, 13.1 percent disagreed or strongly disagreed with this proposition. More than three-fourths (78.6 percent) of the students either agreed or strongly agreed that they would accomplish their goals after high school graduation; 14.4 percent, however, were not sure. Over half (55 percent) strongly disagreed or disagreed that, if they could, they would be someone different other than themselves. A sizable percentage of students (22.4 percent) were not sure, and 22.6 percent agreed or strongly agreed. Almost 80 percent of the students, therefore, reported a strong sense of self-esteem.

Social Skills

Just saying "no" is a complex phenomenon according to the

students. In terms of drugs, 66.6 percent indicate that they strongly agree or agree that it is okay to say no to drugs at parties with friends in attendance. One-fourth of the students, however, strongly disagree or disagree with this strategy. Almost 70 percent (69.2) strongly agree or agree with saying no to alcohol, whereas 22.9 percent strongly disagree or disagree. Almost one-fourth of the students are seemingly refuting saying "no" as a plausible strategy at a social gathering. This is an important finding, as it represents a significant dissent. More research on DARE and social skills would help to determine if this dissent is spread uniformly across racial and socio-economic categories, or whether it is not.

Attitudes toward Police

Attitudes toward police are very favorable: 85 percent strongly agree or agree that they can trust police officers to help them if they need it. Over 80 percent (81.7) strongly agree or agree that the police are trying to make Fort Wayne a better place to live. The dissent here is much smaller (7.9 percent strongly disagree or disagree that they can trust police to help them; 8.9 percent strongly disagree or disagree that the police are trying to make Fort Wayne a better place to live). Again, more research on DARE in this facet is necessary, especially as students get older. If a discernible difference exists between attitudes toward police and introduction to DARE, program supporters can boast improved community relations in an effort to combat crime.

Knowledge about Substances

The vast majority of students answered the "correct" answers

to this part of the survey (79.4 percent of the students responded that they did not drink; 78.4 percent knew that the legal drinking age is twenty-one; and 67.2 percent identified eighteen as the age in which citizens can legally purchase cigarettes). Certainly education in general is paramount in informing students about the legality of these issues.

DARE

The questions relating to the program itself rendered very positive responses. First, 74.1 percent indicated that alcohol and drug education should begin in elementary school; only 8.9 percent indicated middle school, and 5.7 percent senior high school. Nearly 70 percent (68.2) of students felt that they knew enough about the effects of using drugs and alcohol. Since most of the students had DARE training within the last year (92.8 percent), they are reporting that the program is effective in terms of educating students about the perils of substance use. Finally, student satisfaction with the overall program is extremely high: 83.6 percent rated it as excellent or good, and only 5 percent felt it was poor or terrible.

The PRIDE Survey[6]

The PRIDE (Parents' Resource Institute for Drug Education) survey for grades six through twelve has been completed by more than seven million students nationally since 1982. One of the functional requirements of the Drug Free Schools Act of 1986 for recipients of funding is to evaluate the effectiveness of drug prevention education. Many school system officials utilize PRIDE to meet this objective. In the Fort Wayne area, the Allen County

Drug and Alcohol Consortium (DAC) received a grant to contract with the PRIDE national organization to survey all 6-12 grade students in Allen County. The purpose of the survey is to gather information on the extent of alcohol, drug, and tobacco use, as well as the extent of gang activity and violence in the community.[7]

Results of the PRIDE Survey

Included in Appendix 4 is a summary of the results of the PRIDE survey (bear in mind that all Allen County students, grades six through twelve, participated in the questionnaire). Because the survey covers seven grades beginning with middle school, discernible experimental (DARE training in fifth grade) and control (no DARE training in fifth grade) groups were devised. Students in grades six through eight (middle school) and grades nine through twelve (high school) were pooled as singular groups. The results indicate that students in the experimental group had lower rates of alcohol, drug, and tobacco use than students in the control group with one exception: marijuana use by high school students. These results are obviously favorable and seemingly reflect well on DARE, but PRIDE reports that statistical relationships can only be assumed by the data; they are not statistically significant at the .05 or .01 level. This simply means that the alcohol, drug, and tobacco utilization rates by the two groups are not significantly different from one another. As a result, some may conclude that DARE has a limited, or no, effect on the level of substance abuse by students. I would suggest, however, that ascertaining the level of effectiveness of DARE is a far more complex task that can only be

accomplished plausibly with more longitudinal quantitative and qualitative analysis.

Conclusions and Policy Recommendations

Based on the posttest only survey of DARE, coupled with the PRIDE survey results, it is difficult to ascertain the level of effectiveness of the DARE program with only one time point (1993-94). A more comprehensive analysis is absolutely critical in this enterprise. It is obviously promising that students in the experimental group had lower substance utilization rates for the most part than students in the control group. This is something that must be tracked continually over time. The original plan to administer the DARE survey to students in fifth, seventh, and twelfth grade would have rendered more comprehensive results about DARE. The PRIDE survey is obviously quite useful, but in order to assess the relative effectiveness of DARE itself, it is incumbent to administer the survey at least once every academic year continually so that longitudinal data can be obtained. Without sufficient information, a rigorous analysis is impossible to produce.

Many qualitative strengths can be found in DARE, some of which are echoed by Hansen (1993). Officials involved with the DARE program do an excellent job at building community relations. It seems to me that in Fort Wayne/Allen County, and in other communities, DARE enjoys nearly universal acceptance and popularity. This is a good opportunity for students to have a positive experience with local police. The development of such a relationship is particularly important for youth living in

poverty, in crime-ridden areas, and those who are considered to be at high risk. As Hansen points out, good will in and of itself does not prevent substance use, but the program can have a lasting presence in Fort Wayne and that may, in turn, assist students in avoiding alcohol, drug, and tobacco use altogether.

Another important strength is credibility. Because it is the most popular drug prevention program in the country, DARE is typically received favorably by the students (this was certainly witnessed in Fort Wayne). The officials involved with the program believe in it, and are extremely dedicated to the objective of eliminating substance use by young citizens. Nationally, DARE has an excellent marketing program, and DARE officers and administrators in Fort Wayne also demonstrate a high code of professionalism in performing their tasks. Again, credibility does not prevent substance use itself. Only the implementation of the curriculum by the DARE officers themselves can accomplish this noteworthy goal. Yet the program's reputation and its constant reminders around the city (bumper stickers, T-shirts, pens and pencils, wall murals, and more) certainly assist in this effort.

When ascertaining the effectiveness of drug abuse prevention programs, Pruitt (1993) perhaps put it best:

> The goal of drug-free schools is a realistic one. School-based drug use prevention education is a critical component in the overall effort to accomplish this goal. Drug-free schools represent an important step toward our ultimate goal--drug-free children. And our children are worth the effort (Pruitt, 1993:48).

As a result of assessing the effectiveness of DARE in Fort Wayne, the following policy recommendations are offered:

1. Administer the DARE survey to all Fort Wayne fifth, seventh, and twelfth graders every spring.

2. Expand the DARE program in Fort Wayne to include students in middle school.

3. Target high risk youth specifically in the program.

4. Maintain, or increase, current levels of DARE funding in Fort Wayne.

The importance of obtaining longitudinal data in evaluations such as this has been stressed throughout this work. Even if the PRIDE survey is administered annually, the DARE survey only takes approximately thirty minutes of class time, and the information generated is critical in determining DARE's impact over the long term.

While this is undoubtedly tied to funding, DARE needs to be expanded to include students in middle school. According to Hansen (1993), the experimentation with substances typically occurs for students when they make the transition from elementary to middle or junior high school. As such, it can be argued that a prevention program is likely to have its greatest effect on students at this stage of their academic lives.

High risk students may not be served well by the DARE program. Hansen (1993) argues that these youth may be hostile to authority figures, and having uniformed police officers deliver the prevention message may in fact be counterproductive. Targeting such youth and perhaps modifying the implementation of the program for them may enhance the goal of assisting them in understanding the importance of avoiding substance use in their developing lives.

At this juncture, it would be implausible to abandon

programs like DARE with such contradictory findings in the literature. I have suggested some ways to improve the conditions for more rigorous evaluation research. This can only come with time, especially considering that DARE, and many programs like it, have only been implemented within the last several years. As such, the level of funding for DARE should at bare minimum be maintained at existing levels, or more preferably, be increased to include Fort Wayne's middle-schoolers. Decreasing the funding for DARE is not warranted until more definitive research on the program's effectiveness can be offered by the research community.

Notes

1. For a review of the literature on the various curriculums designed to prevent substance abuse, see Hansen (1992).
2. For a more detailed discussion, see Cook and Campbell (1979).
3. The ten elementary schools were Forest Park, Nebraska, Study, Fairfield, Harrison Hill, Lincoln, Shambaugh, Ward, Washington Center, and Harris (Fort Wayne Police Department, August 9, 1993).
4. U.S. Department of Commerce, Bureau of the Census. August, 1991. 1990 Census of Population and Housing: Summary Population and Housing Characteristics: Indiana. Washington, D.C.: Government Printing Office.
5. A discussion of time-series analysis strategies is available in Fife (1992).
6. Information about PRIDE can be obtained by calling (404) 577-4500 or writing to: PRIDE, The Hurt Building, 50 Hurt Plaza, Suite 210, Atlanta, Georgia, 30303.
7. The validity and reliability of the PRIDE survey are assessed in Craig and Emshoff (1987).

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APPENDIX 1: THE DARE SURVEY

STUDENT SURVEY
FT. WAYNE CITY SCHOOLS

DIRECTIONS: Students in the Fort Wayne City Schools have been selected to participate in a survey. The purpose of it is to find out what students know and think about tobacco, alcohol, and drugs. Your answers will help us understand the needs of our students. **Please do not put your name anywhere on your computer answer sheet**. No one will know how you answered any of the questions. A student will be selected to collect the answer sheets, and he or she will put them in an envelope and seal it immediately.

Please make sure that you have all three of the following:

1. A survey booklet,
2. a computer answer sheet, and
3. a number 2 pencil.

On your computer answer sheet, please fill in the answer which is true for YOU.

Example: What is your favorite after school activity?

a. Homework
b. Sports
c. Job
d. Watching television
e. Other

If your favorite after school activity is playing basketball, you would fill in the circle "B."

Fill in the circle completely. Erase your answer completely if you wish to change it. Please use a number 2 pencil.

1. Which racial category describes YOU the best?
   a. White American
   b. Black American
   c. Native American
   d. Hispanic American
   e. Asian American

2. What is YOUR sex?
   a. Female
   b. Male

3. How old are YOU?
   a. 9
   b. 10
   c. 11
   d. 12

For questions 4-18, please choose ONE of the categories below that describes how often you use each type of drug and fill in the circle for the right answer for YOU on your computer sheet:

a. NEVER (I have never used it in my lifetime).
b. ONCE (I have tried it only once in my lifetime).
c. MONTHLY (I use it about once a month).
d. WEEKLY (I use it about once a week).
e. DAILY (I use it about once a day).

4. Smoking tobacco (Examples: cigarettes, cigars, or regular pipes).

5. Chewing tobacco

6. Beer

7. Wine or Wine Coolers

8. Hard Liquors (Examples: bourbon, gin, rum, vodka, whiskey)

9. Marijuana ("pot" or "grass")

10. Cocaine ("coke" or "snow" or "crack")

11. Inhaled Substances (Examples: glue, gasoline, paint thinner, spray cans, white-out)

12. Steroids ("muscle builders")

13. Pelkin

14. Opiates (Examples: heroin, morphine, codeine)

15. Tranquilizers (Examples: valium, librium)

16. Depressants (Examples: downers, quaaludes)

17. Stimulants (Examples: speed, amphetamines)

18. Hallucinogens (Examples: LSD, PCP, angel dust)

For questions 19-33, please choose ONE of the following that YOU believe is most accurate, and fill in the right answer on your computer sheet:

a. Strongly disagree
b. Disagree
c. Not sure
d. Agree
e. Strongly agree

19. Drugs and alcohol help to make you more social.

20. It is okay to smoke marijuana once in a while.

21. It is okay to drink alcohol every weekend.

22. It is okay to attend a party in a private home with no adults present where alcoholic beverages are being served.

23. It is okay to try cocaine once or twice.

24. If one of your parents or friends has three drinks and does not seem drunk, it is okay for them to drive home.

25. It is okay to use alcohol or drugs at a party if everyone else is doing the same thing.

26. Drinking beer helps to make me feel more mature.

27. I feel good about myself.

28. I am going to accomplish my goals after I graduate from high school.

29. If I could change, I would be someone different from myself.

30. It is okay to just say no to drugs at parties when you are with your friends.

31. It is okay to just say no to alcohol at parties when you are with your friends.

32. I trust police officers to help me when I may need it.

33. The police are trying to make Fort Wayne better and more safe.

For Questions 34-40, please fill in the right answer on your computer sheet.

34. How many 12 ounce beers does it take to get you high?
    a. I do not drink.
    b. 1 or less
    c. 2
    d. 3
    e. 4 or more

35. What is the legal drinking age in Indiana?
    a. 16
    b. 18
    c. 21
    d. 25

36. How old do you have to be to buy cigarettes legally in Indiana?
    a. 12
    b. 16
    c. 18
    d. 21

37. When should alcohol and drug education begin?
    a. First, Second, and Third Grade
    b. Fourth and Fifth Grade
    c. Sixth, Seventh, and Eighth Grade
    d. Ninth, Tenth, Eleventh, and Twelfth Grade
    e. None of the above

38. Do you think that you know enough about the effects of using drugs and alcohol?
    a. No b. Yes

39. WITHIN THE LAST YEAR, did your class participate in the DARE (Drug Abuse Resistance Education) Program with a uniformed police officer?
    a. No b. Yes

40. If you answered yes to question 39, please offer your overall opinion of the DARE program by selecting ONE of the following:
    a. It was excellent.
    b. It was good.
    c. It was okay.
    d. It was poor.
    e. It was terrible.

APPENDIX 2: RESULTS OF THE DARE SURVEY (POOLED ANALYSIS)

D.A.R.E. Survey Results for Fort Wayne Fifth Grade Students

(Percentages may not add up to 100 due to rounding)

1. Which racial category describes YOU the best?

(N=2478)

White American	1887 (76.2%)
Black American	424 (17.1%)
Native American	67 (2.7%)
Hispanic American	73 (2.9%)
Asian American	27 (1.1%)

2. What is YOUR sex?

(N=2300)

Female	1179 (51.3%)
Male	1121 (48.7%)

3. How old are YOU?

(N=2480)

Nine	115 (4.6%)
Ten	397 (16.0%)
Eleven	1567 (63.2%)
Twelve	401 (16.2%)
Mean Age	10.9

For questions 4-18, please choose ONE of the categories below that describes how often you use each type of drug and fill in the circle for the right answer for YOU on your computer sheet:

NEVER (I have never used it in my lifetime).
ONCE (I have tried it only once in my lifetime).
MONTHLY (I use it about once a month)
WEEKLY (I use it about once a week).
DAILY (I use it about once a day).

4. Smoking Tobacco (Examples: cigarettes, cigars, or regular pipes)

(N=2494)

Never	1926 (77.2%)
Once	343 (13.8%)
Monthly	176 (7.1%)
Weekly	40 (1.6%)
Daily	9 (0.4%)

5. Chewing Tobacco

(N=2498)

Never	2361 (94.5%)
Once	119 (4.8%)
Monthly	9 (0.4%)
Weekly	4 (0.2%)
Daily	5 (0.2%)

6. Beer

(N=2489)

Never	1526 (61.3%)
Once	894 (35.9%)

Monthly	46 (1.8%)
Weekly	12 (0.5%)
Daily	11 (0.4%)

7. Wine or Wine Coolers

(N=2492)

Never	1421 (57.0%)
Once	918 (36.8%)
Monthly	69 (2.8%)
Weekly	73 (2.9%)
Daily	11 (0.4%)

8. Hard Liquors (Examples: bourbon, gin, rum, vodka, whiskey)

(N=2496)

Never	2115 (84.7%)
Once	343 (13.7%)
Monthly	19 (0.8%)
Weekly	10 (0.4%)
Daily	9 (0.4%)

9. Marijuana ("pot" or "grass")

(N=2495)

Never	2409 (96.6%)

Once	67 (2.7%)
Monthly	6 (0.2%)
Weekly	6 (0.2%)
Daily	7 (0.3%)

10. Cocaine ("coke" or "snow" or "crack")

(N=2493)

Never	2460 (98.7%)
Once	17 (0.7%)
Monthly	7 (0.3%)
Weekly	3 (0.1%)
Daily	6 (0.2%)

11. Inhaled Substances (Examples: glue, gasoline, paint thinner, spray cans, white-out)

(N=2494)

Never	2227 (89.3%)
Once	219 (8.8%)
Monthly	21 (0.8%)
Weekly	18 (0.7%)
Daily	9 (0.4%)

12. Steroids

(N=2493)

Never	2423 (97.2%)
Once	45 (1.8%)
Monthly	11 (0.4%)
Weekly	6 (0.2%)
Daily	8 (0.3%)

13. Pelkin (Note: Pelkin is a fictitious substance)

(N=2463)

Never	2451 (99.5%)
Once	6 (0.2%)
Monthly	2 (.08%)
Weekly	2 (.08%)
Daily	2 (.08%)

14. Opiates (Examples: heroin, morphine, codeine)

(N=2488)

Never	2443 (98.2%)
Once	31 (1.2%)
Monthly	4 (0.2%)
Weekly	3 (0.1%)
Daily	7 (0.3%)

15. Tranquilizers (Examples: valium, librium)

(N=2494)

Never	2450 (98.2%)
Once	37 (1.5%)
Monthly	4 (0.2%)
Weekly	1 (.04%)
Daily	2 (.08%)

16. Depressants (Examples: downers, quaaludes)

(N=2495)

Never	2440 (97.8%)
Once	38 (1.5%)
Monthly	4 (0.2%)
Weekly	5 (0.2%)
Daily	8 (0.3%)

17. Stimulants (Examples: speed, amphetamines)

(N=2496)

Never	2399 (96.1%)
Once	32 (1.3%)
Monthly	6 (0.2%)
Weekly	16 (0.6%)
Daily	43 (1.7%)

18. Hallucinogens (Examples: LSD, PCP, angel dust)

(N=2492)

Never	2461 (98.8%)
Once	21 (0.8%)
Monthly	6 (0.2%)
Weekly	2 (.08%)
Daily	2 (.08%)

For questions 19-33, please choose ONE of the following that YOU believe is most accurate, and fill in the right answer on your computer sheet:

Strongly disagree
Disagree
Not Sure
Agree
Strongly agree

19. Drugs and alcohol help to make you more social.

(N=2485)

Strongly disagree	1935 (77.9%)
Disagree	312 (12.6%)
Not Sure	178 (7.2%)
Agree	43 (1.7%)
Strongly agree	17 (0.7%)

20. It is okay to smoke marijuana once in a while.

(N=2486)

Strongly disagree	2004 (80.6%)

Disagree	330 (13.3%)
Not Sure	97 (3.9%)
Agree	27 (1.1%)
Strongly agree	28 (1.1%)

21. It is okay to drink alcohol every weekend.

(N=2489)

Strongly disagree	1611 (64.7%)
Disagree	541 (21.7%)
Not Sure	214 (8.6%)
Agree	102 (4.1%)
Strongly agree	21 (0.8%)

22. It is okay to attend a party in a private home with no adults present where alcoholic beverages are being served.

(N=2487)

Strongly disagree	1784 (71.7%)
Disagree	463 (18.6%)
Not Sure	141 (5.7%)
Agree	58 (2.3%)
Strongly agree	41 (1.6%)

23. It is okay to try cocaine once or twice.

(N=2487)

Strongly disagree	2009 (80.8%)
Disagree	310 (12.5%)
Not Sure	114 (4.6%)
Agree	33 (1.3%)
Strongly agree	21 (0.8%)

24. If one of your parents or friends has three drinks and does not seem drunk, it is okay for them to drive home.

(N=2489)

Strongly disagree	1514 (60.8%)
Disagree	550 (22.1%)
Not Sure	323 (13.0%)
Agree	68 (2.7%)
Strongly agree	34 (1.4%)

25. It is okay to use alcohol or drugs at a party if everyone else is doing the same thing.

(N=2489)

Strongly disagree	2019 (81.1%)
Disagree	336 (13.5%)
Not Sure	92 (3.7%)
Agree	22 (0.9%)
Strongly agree	20 (0.8%)

26. Drinking beer helps to make me feel more mature.

(N=2487)

Strongly disagree	1822 (73.3%)
Disagree	423 (17.0%)
Not Sure	177 (7.1%)
Agree	39 (1.6%)
Strongly agree	26 (1.0%)

27. I feel good about myself.

(N=2488)

Strongly disagree	249 (10.0%)
Disagree	76 (3.1%)
Not Sure	193 (7.8%)
Agree	553 (22.2%)
Strongly agree	1417 (57.0%)

28. I am going to accomplish my goals after I graduate from high school.

(N=2491)

Strongly disagree	129 (5.2%)
Disagree	44 (1.8%)
Not Sure	358 (14.4%)
Agree	437 (17.5%)

Strongly agree	1523 (61.1%)

29. If I could change, I would be someone different from myself.

(N=2487)

Strongly disagree	949 (38.2%)
Disagree	417 (16.8%)
Not Sure	558 (22.4%)
Agree	192 (7.7%)
Strongly agree	371 (14.9%)

30. It is okay to just say no to drugs at parties when you are with your friends.

(N=2489)

Strongly disagree	464 (18.6%)
Disagree	160 (6.4%)
Not Sure	207 (8.3%)
Agree	288 (11.6%)
Strongly agree	1370 (55.0%)

31. It is okay to just say no to alcohol at parties when you are with your friends.

(N=2490)

Strongly disagree	434 (17.4%)
Disagree	137 (5.5%)
Not Sure	197 (7.9%)

Agree	330 (13.3%)
Strongly agree	1392 (55.9%)

32. I trust police officers to help me when I may need it.

(N=2491)

Strongly disagree	129 (5.2%)
Disagree	67 (2.7%)
Not Sure	177 (7.1%)
Agree	523 (21.0%)
Strongly agree	1595 (64.0%)

33. The police are trying to make Fort Wayne better and more safe.

(N=2488)

Strongly disagree	144 (5.8%)
Disagree	76 (3.1%)
Not Sure	235 (9.4%)
Agree	592 (23.8%)
Strongly agree	1441 (57.9%)

For questions 34-40, please fill in the right answer on your computer sheet.

34. How many 12 ounce beers does it take to get you high.

(N=2480)

I do not drink.	1968 (79.4%)

1 or less	92 (3.7%)
2	98 (4.0%)
3	96 (3.9%)
4 or more	226 (9.1%)

35. What is the legal drinking age in Indiana?

(N=2460)

16	239 (9.7%)
18	184 (7.5%)
21	1929 (78.4%)
25	108 (4.4%)

36. How old do you have to be to buy cigarettes legally in Indiana?

(N=2442)

12	53 (2.2%)
16	237 (9.7%)
18	1642 (67.2%)
21	510 (20.9%)

37. When should alcohol and drug education begin?

(N=2372)

First, Second, and Third Grade	1322 (55.7%)
Fourth and Fifth Grade	437 (18.4%)

Sixth, Seventh, and Eighth Grade	212 (8.9%)
Ninth, Tenth, Eleventh, and Twelfth Grade	136 (5.7%)
None of the above	265 (11.2%)

38. Do you think you know enough about the effects of using drugs and alcohol?

(N=2424)

No	770 (31.8%)
Yes	1654 (68.2%)

39. WITHIN THE LAST YEAR, did your class participate in the DARE (Drug Abuse Resistane Education) Program with a uniformed police officer?

(N=2469)

No	177 (7.2%)
Yes	2292 (92.8%)

40. If you answered yes to question 39, please offer your overall opinion of the DARE program by selecting ONE of the following:

(N=2450)

It was excellent.	1492 (60.9%)
It was good.	556 (22.7%)
It was okay.	277 (11.3%)
It was poor.	42 (1.7%)
It was terrible.	83 (3.3%)

APPENDIX 3: RESULTS OF THE DARE SURVEY (BY SCHOOL SYSTEM)

D.A.R.E. Survey Results for Fifth Grade Students by School System

(Percentages may not add up to 100 due to rounding)

1. Which racial category describes YOU the best?

	FWCS (N=2032)	Catholic (N=239)	Lutheran (N=163)	Other (N=44)
White American	1519 (74.8%)	215 (90.0%)	134 (82.2%)	19 (43.2%)
Black American	369 (18.2%)	11 (4.6%)	20 (12.3%)	24 (54.5%)
Native American	61 (3.0%)	2 (0.8%)	4 (2.5%)	0
Hispanic American	63 (3.1%)	8 (3.3%)	2 (1.2%)	0
Asian American	20 (1.0%)	3 (1.3%)	3 (1.8%)	1 (2.3%)

2. What is YOUR sex?

	FWCS (N=1879)	Catholic (N=216)	Lutheran (N=163)	Other (N=42)
Female	956 (50.9%)	112 (51.9%)	87 (53.4%)	24 (57.1%)
Male	923 (49.1%)	104 (48.1%)	76 (46.6%)	18 (42.9%)

3. How old are YOU?

	FWCS (N=2037)	Catholic (N=238)	Lutheran (N=162)	Other (N=43)
Nine	98 (4.8%)	15 (6.3%)	0	2 (4.7%)
Ten	307 (15.1%)	48 (20.2%)	31 (19.1%)	11 (25.6%)
Eleven	1286 (63.1%)	152 (63.9%)	109 (67.3%)	20 (46.5%)
Twelve	346 (17.0%)	23 (9.7%)	22 (13.6%)	10 (23.3%)
Mean Age	10.9	10.8	10.9	10.9

For questions 4-18, please choose ONE of the categories below that describes how often you use each type of drug and fill in the circle for the right answer for YOU on your computer sheet:

NEVER (I have never used it in my lifetime).
ONCE (I have tried it only once in my lifetime).
MONTHLY (I use it about once a month)
WEEKLY (I use it about once a week).
DAILY (I use it about once a day).

4. Smoking Tobacco (Examples: cigarettes, cigars, or regular pipes)

	FWCS (N=2048)	Catholic (N=240)	Lutheran (N=162)	Other (N=44)
Never	1547 (75.5%)	187 (77.9%)	153 (94.4%)	39 (88.6%)
Once	304 (14.8%)	27 (11.3%)	8 (4.9%)	4 (9.1%)
Monthly	156 (7.6%)	19 (7.9%)	0	1 (2.3%)
Weekly	32 (1.6%)	7 (2.9%)	1 (0.6%)	0
Daily	9 (0.4%)	0	0	0

5. Chewing Tobacco

	FWCS (N=2052)	Catholic (N=239)	Lutheran (N=163)	Other (N=44)
Never	1932 (94.2%)	230 (96.2%)	158 (96.9%)	41 (93.2%)
Once	103 (5.0%)	9 (3.8%)	4 (2.5%)	3 (6.8%)
Monthly	9 (0.4%)	0	0	0
Weekly	3 (0.1%)	0	1 (0.6%)	0
Daily	5 (0.2%)	0	0	0

6. Beer

	FWCS (N=2043)	Catholic (N=239)	Lutheran (N=163)	Other (N=44)
Never	1226 (60.0%)	160 (66.9%)	108 (66.3%)	32 (72.7%)
Once	762 (37.3%)	73 (30.5%)	48 (29.4%)	11 (25.0%)
Monthly	35 (1.7%)	5 (2.1%)	5 (3.1%)	1 (2.3%)
Weekly	10 (0.5%)	1 (0.4%)	1 (0.6%)	0
Daily	10 (0.5%)	0	1 (0.6%)	0

7. Wine or Wine Coolers

	FWCS (N=2047)	Catholic (N=238)	Lutheran (N=163)	Other (N=44)
Never	1178 (57.5%)	105 (44.1%)	105 (64.4%)	33 (75.0%)
Once	782 (38.2%)	74 (31.1%)	51 (31.3%)	11 (25.0%)
Monthly	53 (2.6%)	10 (4.2%)	6 (3.7%)	0
Weekly	23 (1.1%)	49 (20.6%)	1 (0.6%)	0
Daily	11 (0.5%)	0	0	0

8. Hard Liquors (Examples: bourbon, gin, rum, vodka, whiskey)

	FWCS (N=2050)	Catholic (N=240)	Lutheran (N=162)	Other (N=44)
Never	1712 (83.5%)	207 (86.3%)	154 (95.1%)	42 (95.5%)
Once	306 (14.9%)	30 (12.5%)	6 (3.7%)	1 (2.3%)
Monthly	16 (0.8%)	3 (1.3%)	0	0

Weekly	8 (0.4%)	0	1 (0.6%)	1 (2.3%)
Daily	8 (0.4%)	0	1 (0.6%)	0

9. Marijuana ("pot" or "grass")

	FWCS (N=2048)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Never	1974 (96.4%)	234 (97.5%)	159 (97.5%)	42 (95.5%)
Once	57 (2.8%)	6 (2.5%)	2 (1.2%)	2 (4.5%)
Monthly	6 (0.3%)	0	0	0
Weekly	5 (0.2%)	0	1 (0.6%)	0
Daily	6 (0.3%)	0	1 (0.6%)	0

10. Cocaine ("coke" or "snow" or "crack")

	FWCS (N=2048)	Catholic (N=238)	Lutheran (N=163)	Other (N=44)
Never	2019 (98.6%)	237 (99.6%)	161 (98.8%)	43 (97.7%)
Once	16 (0.8%)	0	0	1 (2.3%)
Monthly	5 (0.2%)	1 (0.4%)	1 (0.6%)	0
Weekly	3 (0.1%)	0	0	0
Daily	5 (0.2%)	0	1 (0.6%)	0

11. Inhaled Substances (Examples: glue, gasoline, paint thinner, spray cans, white-out)

	FWCS (N=2047)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Never	1831 (89.4%)	205 (85.4%)	149 (91.4%)	42 (95.5%)

Once	176 (8.6%)	30 (12.5%)	11 (6.7%)	2 (4.5%)
Monthly	17 (0.8%)	3 (1.3%)	1 (0.6%)	0
Weekly	15 (0.7%)	2 (0.8%)	1 (0.6%)	0
Daily	8 (0.4%)	0	1 (0.6%)	0

12. Steroids

	FWCS (N=2047)	Catholic (N=239)	Lutheran (N=163)	Other (N=44)
Never	1987 (97.1%)	231 (96.7%)	162 (99.4%)	43 (97.7%)
Once	36 (1.8%)	8 (3.3%)	0	1 (2.3%)
Monthly	11 (0.5%)	0	0	0
Weekly	5 (0.2%)	0	1 (0.6%)	0
Daily	8 (0.4%)	0	0	0

13. Pelkin (Note: Pelkin is a fictitious substance)

	FWCS (N=2025)	Catholic (N=236)	Lutheran (N=159)	Other (N=43)
Never	2013 (99.4%)	236 (100%)	159 (100%)	43 (100%)
Once	6 (0.3%)	0	0	0
Monthly	2 (0.1%)	0	0	0
Weekly	2 (0.1%)	0	0	0
Daily	2 (0.1%)	0	0	0

14. Opiates (Examples: heroin, morphine, codeine)

	FWCS (N=2044)	Catholic (N=237)	Lutheran (N=163)	Other (N=44)
Never	2008 (98.2%)	234 (98.7%)	159 (97.5%)	42 (95.5%)
Once	27 (1.3%)	0	2 (1.2%)	2 (4.5%)
Monthly	3 (0.1%)	1 (0.4%)	0	0
Weekly	1 (.05%)	1 (0.4%)	1 (0.6%)	0
Daily	5 (0.2%)	1 (0.4%)	1 (0.6%)	0

15. Tranquilizers (Examples: valium, librium)

	FWCS (N=2047)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Never	2006 (98.0%)	239 (99.6%)	162 (99.4%)	43 (97.7%)
Once	35 (1.7%)	1 (0.4%)	0	1 (2.3%)
Monthly	3 (0.1%)	0	1 (0.6%)	0
Weekly	1 (.05%)	0	0	0
Daily	2 (0.1%)	0	0	0

16. Depressants (Examples: downers, quaaludes)

	FWCS (N=2048)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Never	2000 (97.7%)	237 (98.8%)	160 (98.2%)	43 (97.7%)
Once	35 (1.7%)	1 (0.4%)	1 (0.6%)	1 (2.3%)
Monthly	1 (.05%)	2 (0.8%)	1 (0.6%)	0

Weekly	4 (0.2%)	0	1 (0.6%)	0
Daily	8 (0.4%)	0	0	0

17. Stimulants (Examples: speed, amphetamines)

	FWCS (N=2049)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Never	1958 (95.6%)	236 (98.3%)	162 (99.4%)	43 (97.7%)
Once	28 (1.4%)	3 (1.3%)	0	1 (2.3%)
Monthly	5 (0.2%)	1 (0.4%)	0	0
Weekly	15 (0.7%)	0	1 (0.6%)	0
Daily	43 (2.1%)	0	0	0

18. Hallucinogens (Examples: LSD, PCP, angel dust)

	FWCS (N=2045)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Never	2017 (98.6%)	240 (100%)	161 (98.8%)	43 (97.7%)
Once	19 (0.9%)	0	1 (0.6%)	1 (2.3%)
Monthly	5 (0.2%)	0	1 (0.6%)	0
Weekly	2 (0.1%)	0	0	0
Daily	2 (0.1%)	0	0	0

For questions 19-33, please choose ONE of the following that YOU believe is most accurate, and fill in the right answer on your computer sheet:

Strongly disagree
Disagree
Not Sure
Agree
Strongly agree

19. Drugs and alcohol help to make you more social.

	FWCS (N=2038)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Strongly disagree	1583 (77.7%)	198 (82.5%)	119 (73.0%)	35 (79.5%)
Disagree	262 (12.9%)	22 (9.2%)	22 (13.5%)	6 (13.6%)
Not Sure	145 (7.1%)	16 (6.7%)	15 (9.2%)	2 (4.5%)
Agree	33 (1.6%)	3 (1.3%)	6 (3.7%)	1 (2.3%)
Strongly agree	15 (0.7%)	1 (0.4%)	1 (0.6%)	0

20. It is okay to smoke marijuana once in a while.

	FWCS (N=2039)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Strongly disagree	1621 (79.5%)	204 (85.0%)	143 (87.7%)	36 (81.8%)
Disagree	285 (14.0%)	27 (11.3%)	11 (6.7%)	7 (15.9%)
Not Sure	83 (4.1%)	6 (2.5%)	7 (4.3%)	1 (2.3%)
Agree	26 (1.3%)	0	1 (0.6%)	0
Strongly agree	24 (1.2%)	3 (1.3%)	1 (0.6%)	0

21. It is okay to drink alcohol every weekend.

	FWCS (N=2042)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Strongly disagree	1326 (64.9%)	136 (56.7%)	114 (69.9%)	35 (79.5%)
Disagree	446 (21.8%)	50 (20.8%)	37 (22.7%)	8 (18.2%)
Not Sure	166 (8.1%)	38 (15.8%)	9 (5.5%)	1 (2.3%)

Agree	85 (4.2%)	15 (6.3%)	2 (1.2%)	0
Strongly agree	19 (0.9%)	1 (0.4%)	1 (0.6%)	0

22. It is okay to attend a party in a private home with no adults present where alcoholic beverages are being served.

	FWCS (N=2040)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Strongly disagree	1441 (70.6%)	188 (78.3%)	119 (73.0%)	36 (81.8%)
Disagree	394 (19.3%)	35 (14.6%)	29 (17.8%)	5 (11.4%)
Not Sure	115 (5.6%)	12 (5.0%)	12 (7.4%)	2 (4.5%)
Agree	51 (2.5%)	4 (1.7%)	2 (1.2%)	1 (2.3%)
Strongly agree	39 (1.7%)	1 (0.4%)	1 (0.6%)	0

23. It is okay to try cocaine once or twice.

	FWCS (N=2041)	Catholic (N=239)	Lutheran (N=163)	Other (N=44)
Strongly disagree	1636 (80.2%)	192 (80.3%)	143 (87.7%)	38 (86.4%)
Disagree	260 (12.7%)	30 (12.6%)	15 (9.2%)	5 (11.4%)
Not Sure	96 (4.7%)	13 (5.4%)	4 (2.5%)	1 (2.3%)
Agree	31 (1.5%)	2 (0.8%)	0	0
Strongly agree	18 (0.9%)	2 (0.8%)	1 (0.6%)	0

24. If one of your parents or friends has three drinks and does not seem drunk, it is okay for them to drive home.

	FWCS (N=2043)	Catholic (N=239)	Lutheran (N=163)	Other (N=44)
Strongly disagree	1244 (60.9%)	141 (59.0%)	105 (64.4%)	24 (54.5%)

Disagree	447 (21.9%)	59 (24.7%)	34 (20.9%)	10 (22.7%)
Not Sure	259 (12.7%)	34 (14.2%)	21 (12.9%)	9 (20.5%)
Agree	60 (2.9%)	4 (1.7%)	3 (1.8%)	1 (2.3%)
Strongly agree	33 (1.6%)	1 (0.4%)	0	0

25. It is okay to use alcohol or drugs at a party if everyone else is doing the same thing.

	FWCS (N=2042)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Strongly disagree	1640 (80.3%)	198 (82.5%)	142 (87.1%)	39 (88.6%)
Disagree	289 (14.2%)	31 (12.9%)	13 (8.0%)	3 (6.8%)
Not Sure	76 (3.7%)	7 (2.9%)	7 (4.3%)	2 (4.5%)
Agree	20 (1.0%)	2 (0.8%)	0	0
Strongly agree	17 (0.8%)	2 (0.8%)	1 (0.6%)	0

26. Drinking beer helps to make me feel more mature.

	FWCS (N=2041)	Catholic (N=239)	Lutheran (N=163)	Other (N=44)
Strongly disagree	1482 (72.6%)	182 (76.2%)	120 (73.6%)	38 (86.4%)
Disagree	359 (17.6%)	37 (15.5%)	23 (14.1%)	4 (9.1%)
Not Sure	145 (7.1%)	16 (6.7%)	14 (8.6%)	2 (4.5%)
Agree	35 (1.7%)	2 (0.8%)	2 (1.2%)	0
Strongly agree	20 (1.0%)	2 (0.8%)	4 (2.5%)	0

27. I feel good about myself.

	FWCS (N=2041)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Strongly disagree	215 (10.5%)	26 (10.8%)	5 (3.1%)	3 (6.8%)
Disagree	67 (3.3%)	7 (2.9%)	2 (1.2%)	0
Not Sure	158 (7.7%)	15 (6.3%)	19 (11.7%)	1 (2.3%)
Agree	441 (21.6%)	58 (24.2%)	48 (29.4%)	6 (13.6%)
Strongly agree	1160 (56.8%)	134 (55.8%)	89 (54.6%)	34 (77.3%)

28. I am going to accomplish my goals after I graduate from high school.

	FWCS (N=2044)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Strongly disagree	112 (5.5%)	9 (3.8%)	7 (4.3%)	1 (2.3%)
Disagree	39 (1.9%)	2 (0.8%)	2 (1.2%)	1 (2.3%)
Not Sure	283 (13.8%)	43 (17.9%)	30 (18.4%)	2 (4.5%)
Agree	350 (17.1%)	44 (18.3%)	39 (23.9%)	4 (9.1%)
Strongly agree	1260 (61.6%)	142 (59.2%)	85 (52.1%)	36 (81.8%)

29. If I could change, I would be someone different from myself.

	FWCS (N=2040)	Catholic (N=240)	Lutheran (N=163)	Other (N=44)
Strongly disagree	794 (38.9%)	82 (34.2%)	52 (31.9%)	21 (47.7%)
Disagree	320 (15.7%)	45 (18.8%)	45 (27.6%)	7 (15.9%)
Not Sure	444 (21.8%)	62 (25.8%)	42 (25.8%)	10 (22.7%)

Agree	155 (7.6%)	24 (10.0%)	11 (6.7%)	2 (4.5%)
Strongly agree	327 (16.0%)	27 (11.3%)	13 (8.0%)	4 (9.1%)

30. It is okay to just say no to drugs at parties when you are with your friends.

	FWCS (N=2044)	Catholic (N=238)	Lutheran (N=163)	Other (N=44)
Strongly disagree	391 (19.1%)	48 (20.2%)	19 (11.7%)	6 (13.6%)
Disagree	134 (6.6%)	19 (8.0%)	4 (2.5%)	3 (6.8%)
Not Sure	158 (7.7%)	39 (16.4%)	10 (6.1%)	0
Agree	239 (11.7%)	25 (10.5%)	16 (9.8%)	8 (18.2%)
Strongly agree	1122 (54.9%)	107 (45.0%)	114 (69.9%)	27 (61.4%)

31. It is okay to just say no to alcohol at parties when you are with your friends.

	FWCS (N=2044)	Catholic (N=239)	Lutheran (N=163)	Other (N=44)
Strongly disagree	370 (18.1%)	40 (16.7%)	17 (10.4%)	7 (15.9%)
Disagree	121 (5.9%)	12 (5.0%)	2 (1.2%)	2 (4.5%)
Not Sure	142 (6.9%)	42 (17.6%)	13 (8.0%)	0
Agree	267 (13.1%)	34 (14.2%)	21 (12.9%)	8 (18.2%)
Strongly agree	1144 (56.0%)	111 (46.4%)	110 (67.5%)	27 (61.4%)

32. I trust police officers to help me when I may need it.

	FWCS (N=2045)	Catholic (N=239)	Lutheran (N=163)	Other (N=44)
Strongly disagree	118 (5.8%)	6 (2.5%)	3 (1.8%)	2 (4.5%)

Disagree	59 (2.9%)	4 (1.7%)	4 (2.5%)	0
Not Sure	151 (7.4%)	20 (8.4%)	4 (2.5%)	2 (4.5%)
Agree	433 (21.2%)	41 (17.2%)	42 (25.8%)	7 (15.9%)
Strongly agree	1284 (62.8%)	168 (70.3%)	110 (67.5%)	33 (75.0%)

33. The police are trying to make Fort Wayne better and more safe.

	FWCS (N=2042)	Catholic (N=240)	Lutheran (N=162)	Other (N=44)
Strongly disagree	129 (6.3%)	10 (4.2%)	3 (1.9%)	2 (4.5%)
Disagree	66 (3.2%)	6 (2.5%)	4 (2.5%)	0
Not Sure	203 (9.9%)	20 (8.4%)	10 (6.2%)	2 (4.5%)
Agree	479 (23.5%)	52 (21.7%)	53 (32.7%)	8 (18.2%)
Strongly agree	1165 (57.1%)	152 (63.3%)	92 (56.8%)	32 (72.7%)

For questions 34-40, please fill in the right answer on your computer sheet.

34. How many 12 ounce beers does it take to get you high.

	FWCS (N=2036)	Catholic (N=239)	Lutheran (N=161)	Other (N=44)
I do not drink.	1593 (78.2%)	191 (79.9%)	148 (91.9%)	36 (81.8%)
1 or less	84 (4.1%)	4 (1.7%)	2 (1.2%)	2 (4.5%)
2	81 (4.0%)	12 (5.0%)	5 (3.1%)	0
3	76 (3.7%)	11 (4.6%)	5 (3.1%)	4 (9.1%)

4 or more	202 (9.9%)	21 (8.8%)	1 (0.6%)	2 (4.5%)

35. What is the legal drinking age in Indiana?

	FWCS (N=2016)	Catholic (N=239)	Lutheran (N=162)	Other (N=43)
16	210 (10.4%)	23 (9.6%)	3 (1.9%)	3 (7.0%)
18	143 (7.1%)	15 (6.3%)	21 (13.0%)	5 (11.6%)
21	1572 (78.0%)	196 (82.0%)	133 (82.1%)	28 (65.1%)
25	91 (4.5%)	5 (2.1%)	5 (3.1%)	7 (16.3%)

36. How old do you have to be to buy cigarettes legally in Indiana?

	FWCS (N=1998)	Catholic (N=240)	Lutheran (N=160)	Other (N=44)
12	47 (2.4%)	3 (1.3%)	3 (1.9%)	0
16	200 (10.0%)	15 (6.3%)	17 (10.6%)	5 (11.4%)
18	1358 (68.0%)	173 (72.1%)	86 (53.8%)	25 (56.8%)
21	393 (19.7%)	49 (20.4%)	54 (33.8%)	14 (31.8%)

37. When should alcohol and drug education begin?

	FWCS (N=1947)	Catholic (N=239)	Lutheran (N=157)	Other (N=29)
First, Second, and Third Grade	1080 (55.5%)	119 (49.8%)	108 (68.8%)	15 (51.7%)
Fourth and Fifth Grade	346 (17.8%)	60 (25.1%)	25 (15.9%)	6 (20.7%)
Sixth, Seventh, and Eighth Grade	186 (9.6%)	20 (8.4%)	4 (2.5%)	2 (6.9%)
Ninth, Tenth, Eleventh, and Twelfth Grade	115 (5.9%)	16 (6.7%)	5 (3.2%)	0

None of the above	220 (11.3%)	24 (10.0%)	15 (9.6%)	6 (20.7%)

38. Do you think you know enough about the effects of using drugs and alcohol?

	FWCS (N=1983)	Catholic (N=239)	Lutheran (N=162)	Other (N=40)
No	603 (30.4%)	112 (46.9%)	48 (29.6%)	7 (17.5%)
Yes	1380 (69.6%)	127 (53.1%)	114 (70.4%)	33 (82.5%)

39. WITHIN THE LAST YEAR, did your class participate in the DARE (Drug Abuse Resistane Education) Program with a uniformed police officer?

	FWCS (N=2027)	Catholic (N=239)	Lutheran (N=159)	Other (N=44)
No	123 (6.1%)	47 (19.7%)	4 (2.5%)	3 (6.8%)
Yes	1904 (93.9%)	192 (80.3%)	155 (97.5%)	41 (93.2%)

40. If you answered yes to question 39, please offer your overall opinion of the DARE program by selecting ONE of the following:

	FWCS (N=2009)	Catholic (N=237)	Lutheran (N=160)	Other (N=44)
It was excellent.	1223 (60.9%)	152 (64.1%)	88 (55.0%)	29 (65.9%)
It was good.	440 (21.9%)	56 (23.6%)	52 (32.5%)	8 (18.2%)
It was okay.	236 (11.7%)	18 (7.6%)	18 (11.3%)	5 (11.4%)
It was poor.	40 (2.0%)	1 (0.4%)	1 (0.6%)	0
It was terrible.	70 (3.5%)	10 (4.2%)	1 (0.6%)	2 (4.5%)

APPENDIX 4: RESULTS OF THE PRIDE SURVEY

PRIDE Survey Results for Allen County Students, 1993-94

(Percentage of Students Reporting Drug, Alcohol, or Tobacco Use Within the Last Year)

N=10,495 Students in Grades 6-8 (D.A.R.E. in 5th Grade)
N=764 Students in Grades 6-8 (No D.A.R.E. in 5th Grade)
N=8,418 Students in Grades 9-12 (D.A.R.E. in 5th Grade)
N=3,512 Students in Grades 9-12 (No D.A.R.E. in 5th Grade)

1. Cigarettes

	Grades 6-8	Grades 9-12
D.A.R.E. in 5th Grade	27.3%	41.7%
No D.A.R.E. in 5th Grade	31.3%	42.3%

2. Alcohol

	Grades 6-8	Grades 9-12
D.A.R.E. in 5th Grade	32.8%	56.8%
No D.A.R.E. in 5th Grade	37.1%	58.6%

3. Marijuana

	Grades 6-8	Grades 9-12
D.A.R.E. in 5th Grade	-----	26.6%
No D.A.R.E. in 5th Grade	-----	25.7%

4. Cocaine

	Grades 6-8	Grades 9-12
D.A.R.E. in 5th Grade	-----	2.8%
No D.A.R.E. in 5th Grade	-----	3.4%

5. Hallucinogen (LSD)

	Grades 6-8	Grades 9-12
D.A.R.E. in 5th Grade	-----	7.0%
No D.A.R.E. in 5th Grade	-----	8.9%